

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH										=62-007706	
DEPARTMENT OF PUBLIC HEALTH AND WELFARE										STATE FILE NUMBER	
Registration District No. <u>318</u> Primary Registration District No. <u>1003</u> Registrar's No. <u>2074</u>											
AMENDED											
FILED FEB 28 1962											
1. PLACE OF DEATH a. COUNTY						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>						Length of stay in 1b <u>Life Time</u>			c. CITY OR TOWN <u>St. Louis</u>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A City Hospital</u>						Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			d. STREET ADDRESS (If outside, give location) <u>5079 Ridge Ave</u>		
3. NAME OF DECEASED (Type or print) First <u>JESSE</u> Middle <u>T</u> Last <u>AUSTIN</u>						4. DATE OF DEATH Month <u>Feb</u> Day <u>16</u> Year <u>1962</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1-5-1901</u>		9. AGE (last birthday) <u>61</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>City Sewer Dept</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo</u>			12. CITIZEN OF WHAT COUNTRY <u>U S A</u>		
13a. FATHER'S NAME <u>Thomas Austin</u>				13b. MOTHER'S MAIDEN NAME <u>Martha White</u>				14. NAME OF HUSBAND OR WIFE <u>Vernesia Austin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>WW # 1</u>				16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT Address <u>Vernesia Austin 5079 Ridge Ave</u>					
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Mitral Insufficiency & Inter-</u> <u>stitial nephritis</u> DUE TO (b) <u>410X</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT		SUICIDE		HOMICIDE		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>Jan 17-62</u> to <u>Feb 15-62</u> and last saw him alive on <u>Feb. 15-62</u> Death occurred at <u>3</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <u>Eskine D. Benson</u> (Degree or title)						22b. ADDRESS <u>3100 E. Lucas, City.</u>				22c. DATE SIGNED <u>Feb. 17-62</u>	
23a. BURIAL; CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>2-21-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>National</u>		23d. LOCATION (City, town, of county) <u>Jefferson Barracks</u>				(State) <u>Mo</u>	
24. FUNERAL DIRECTOR <u>JAS H. RANDLE & SON 3133 Bell AVE</u>						25. DATE RECD: BY LOCAL REG. <u>FEB 20 1962</u>		26. REGISTRAR'S SIGNATURE <u>Paul Smith M.D.</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Esther K. Harro

Licensed Embalmer No. 4458

P. O. Address 418, Harding

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.